

From the Office of the Sheriff: “Suicide – A Major Public Health Problem”

With over 32,000 suicide deaths annually in the United States, it is the fourth leading cause of death in the 18 to 65 -year age group. This equates to 80 suicides a day on top of 1,500 suicide attempts. Suicide has become a significant issue in our country, our state, and our county. Dodge County has experienced a significant increase in suicides so far this year. The investigations are difficult on both the investigator and family of the deceased. The family is looking for answers to numerous questions, many going unanswered. The lack of a suicide note raises even more questions. Some families tend to wrongly accept blame for the suicide of a family member even though expert’s state 25% of suicide victims do not display early warning signs.

Suicide is the third leading cause of death for men 10 to 24 years of age, with the frequency of suicide in that age group up 300% today compared to the same age group from 1950 to 1990. These are disturbing statistics. So what can be done? What role does law enforcement play in preventing these statistics from increasing? In preparation for this column I tried to conduct a search of our database to determine the number of suicides successful or attempted. I learned we do not specifically track these categories which was unsettling. With several suicides thus far this year and dozens of attempts, I feel we need to do what we can to reverse the trend.

Our involvement starts with a 911 call, usually regarding a person who is suicidal, possibly a rescue call for a person who has taken an overdose of pills, or from a mental health provider who has spoken to a person over the phone who is contemplating suicide. These calls are the easy ones because we can successfully intervene and obtain help for the person. The deputy responds, conducts an investigation, then calls the Dodge County Department of Unified Services to seek a Chapter 51 commitment of the party for their protection. The Chapter 51 provides law enforcement the authority to transport the person to a mental health facility for a 72-hour evaluation. Within the 72-hours, the person attends a court hearing to determine if the person should be released or returned to the facility for mental health treatment. Local facilities we use include Mendota Mental Health Institution or St. Agnes in Fond Du Lac. The majority of people held under a Chapter 51 are released at the conclusion of the 72-hour hold but monitored by Unified Services.

Those we cannot help are those who are successful in their intent. This is becoming far too frequent. I have been to hundreds of traffic fatalities and dozens of suicides. I remember the suicides more so than the fatalities because of the impact they have on me personally and the surviving families. What I do hear from families and those who attempt is there appears to be a lack of resources for those with suicidal thoughts. Families often tell me they never would have believed their loved one would have taken their own life. Many more state they see no early warning signs. Do we know what to look for?

I am unsure as to the signs but there is a list of diseases and conditions which may contribute to suicidal behavior. Anxiety, PTSD, anorexia, depression, schizophrenia, bipolar disorder, financial stress, ADHD, insomnia, grief, health, and the numerous addictions are just a few of the conditions which may lead or turn to suicide. As parents, brothers, sisters, spouses and friends, I think we need to educate ourselves and enhance our ability to identify the signs. Do we discuss this with our family members? It will not prevent all our suicides but if we can intervene and save just one, I consider that success. We will do what we can and between all of us let’s work to reverse this disturbing trend. tnehls@co.dodge.wi.us.